

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

2060

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 121

Primary Registration District No. 3009

Registrar's No. 26

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU  
(b) City or town CAPE GIRARDEAU  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution ST. FRANCIS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution JAN 12 - 1940  
(Specify whether  
In this community 2 yrs 7 mo - 5 days  
years, months or days)

8. (a) PRINT FULL NAME JEAN ANN WOLTERS

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased JUNE 9 1938  
(Month) (Day) (Year)

8. AGE: Years 2 Months 7 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace CAPE GIRARDEAU MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name MANNING F. WOLTERS  
13. Birthplace JACKSON MO  
(City, town, or county) (State or foreign country)  
14. Maiden name HELEN BLOUNT  
15. Birthplace DEXTER MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Manning Wolters  
(b) Address 1007 S. Ellis

17. (a) \_\_\_\_\_ (b) Date thereof JAN. 17 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director W. A. S. S. S.

(b) Address Cape Girardeau MO

19. (a) 1-14-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CAPE  
(c) City or town CAPE GIRARDEAU  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1007 S. ELLIS ST.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 14  
year 1941 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 15, 1941, to Jan 13, 1940  
that I last saw her alive on Jan 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Streptococci sore throat

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hemorrhage  
(Include pregnancy within 3 months of death)  
Caused by pleurisy and abscess  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓  
(b) Date of occurrence ✓  
(c) Where did injury occur? ✓  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury ✓  
While at work? ✓

23. Signature W. A. S. S. S. (M. D. or other) D  
Address Cape Girardeau MO Date signed 1-14-41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by C. J. Lorberg, Registered Apprentice No.       ,  
working under my personal supervision.

Signed C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**